



Maryland's Public Mental Health System

Consumer Perception of Care Survey
2012

DETAILED REPORT

MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM
2012 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

The Department of Health and Mental Hygiene (DHMH), Mental Hygiene Administration (MHA) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the state's Medicaid 1115 waiver reform initiative. Specialty mental health services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. The system serves Medicaid recipients and a subset of uninsured individuals eligible for public mental health services due to severity of illness and financial need. Evaluation of consumer perception of care, including satisfaction with and outcomes of mental health services, is a requirement of the waiver and Code of Maryland Regulations. Findings provide MHA with valuable consumer input that may be used to improve the PMHS.

MHA currently contracts with ValueOptions[®], Inc. to provide administrative services, including evaluation activities, for the PMHS. One of the evaluation activities is the administration of consumer surveys to assess consumer perception of care, including satisfaction with and outcomes of mental health services provided by the PMHS. ValueOptions[®], Inc. subcontracted with Fact Finders, Inc. of Albany, New York to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2012 Consumer Perception of Care Survey, which is the twelfth systematic, statewide consumer perception survey since the inception of the PMHS.

The survey protocol, including methodology, sampling, administration, and data collection is reviewed annually by the DHMH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that the rights, safety, and dignity of human subjects are protected (Appendix A).

This report contains detailed findings and analyses of the survey questions. Condensed versions of the findings may be found in the *2012 Consumer Perception of Care Survey - Executive Summary* and the brochures *2012 Consumer Perception of Care Survey - Maryland's Adult Consumers Rate Their Public Mental Health Services* and *2012 Consumer Perception of Care Survey - Maryland's Caregivers Rate Their Children's Public Mental Health Services*. To obtain a copy of any of these documents, visit the following Web site: www.dhmh.state.md.us/mha, or contact MHA.

II. METHODOLOGY

A. Survey Population

The potential survey population consisted of PMHS consumers for whom claims were received for outpatient mental health services rendered between January and December 2011. The sample was stratified by age and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment services or psychiatric rehabilitation services. Service types for children included outpatient

mental health treatment services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Individuals (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

B. Notification of Survey Population

Sixteen thousand (16,000) notification letters were mailed ten (10) days prior to survey administration; 8,000 letters were to the adult survey sample (Appendix B), and 8,000 were to the child/caregiver survey sample (Appendix C). The letter informed the survey population of the upcoming survey, described the survey topics, and offered general instructions. The letter contained a toll-free telephone number that a potential respondent could call twenty-four hours a day to receive more information about the survey, ask questions, or provide notification of their willingness or unwillingness to participate. A voicemail system captured calls made during non-business hours. The database was updated daily based on these voicemail messages.

C. Survey Instruments

Separate survey instruments were used for adults and for caregivers. The adult and the caregiver instruments both originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Perception of Care Survey (Appendix D) is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey (Appendix E) is based on the MHSIP Youth Services Survey for Families (YSS-F). In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, education, and coordination of care.

D. Interviewer Training and Supervision

Interviewers and supervisory staff received extensive project-specific training prior to beginning data collection. The training included project goals and guidelines, research methods, survey instruments, survey populations, and guided responses to anticipated questions from potential respondents. Interviewers were provided with a script and emergency numbers to use if they encountered a consumer experiencing a mental health crisis or needing immediate intervention. The interviewers were all experienced with the Computer Assisted Telephone Interviewing (CATI) software used and familiar with HIPAA guidelines regarding protected health information (PHI). Supervision and quality control auditing were continuous for the duration of data collection.

E. Confidentiality, Consent, and Protection of Respondent Information

There are a number of mechanisms in place to safeguard confidentiality and to protect respondent information:

- Potential respondents were assured that all survey responses were confidential.
- Potential respondents were able to opt in or out of the survey.
- Potential respondents were assured that their responses would not affect the services they receive.
- Potential respondents were assured that opting out of the survey would not affect the services they receive.
- Individuals who declined to participate were not contacted again.
- Individuals who wished to be contacted at a certain time were scheduled and called back at their preferred time.
- Messages were not left on answering machines or with individuals who were not the potential participant.
- The CATI software is located on a password-protected server, with access limited to authorized interviewers and designated management staff.
- Completed surveys were not linked to consumer-identifying information.
- Employee Confidentiality Agreement forms were signed by all interviewers assigned to this project.

The oversight and monitoring of data collection were in accordance with the IRB-approved protocol and managed by the ValueOptions[®], Inc. Quality Improvement Director and Fact Finders senior staff.

F. Data Collection

CATI software was used to collect survey responses. This software ensures that survey questions and response choices are worded consistently for all respondents.

Of the 8,000 consumers selected for the adult sample, 1,725 were successfully contacted to request participation in the survey; 611 completed the survey for a response rate of 35.4%. Of the 8,000 child/caregiver consumers selected for the sample, 1,840 were successfully contacted to request participation in the survey; 848 completed the survey for a response rate of 46.1%.

The potential survey sample was stratified by the geographic distribution of consumers served, based on claims data. The regional breakdown of the potential survey sample and final distribution of survey respondents are shown in the following table.

Geographic Distribution of Original Sample	Adult	Child/ Caregiver	Geographic Distribution of Survey Respondents	Adult	Child/ Caregiver
Baltimore City	27.9%	27.9%	Baltimore City	25.5%	23.2%
Eastern	12.7%	12.7%	Eastern	16.7%	14.6%
Metropolitan	37.1%	37.1%	Metropolitan	35.4%	36.4%
Suburban	12.0%	12.0%	Suburban	12.3%	13.8%
Western	10.2%	10.2%	Western	10.1%	11.9%

G. Data Analysis and Reporting

Data analyses were conducted using SPSS® analytic software. This report presents frequency distributions of survey questions. As a result of rounding percentages to tenths, totals may not equal exactly 100.0% (+/- 0.2%). The total for each question reflects the total number of respondents who answered the question, which in some cases is a subsample of the total number of survey respondents.

The perception of care response categories are presented in tables that include the mean (average), standard deviation (S.D., the variability of the responses around the mean), and percent (%) of responses. Responses are based on the five-point Likert scale: “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percentages and means are calculated using only those respondents who answered within the context of the five-point Likert scale. Those who responded “not applicable” or “don’t know,” or who refused to answer a particular question, were excluded from the analysis of that item. As a result, the number of respondents (N) for each item may vary. Lower mean scores indicate either greater satisfaction or more positive outcomes.

H. Limitations

The main limitation of this survey is the poor quality of consumer telephone numbers. The sample of potential respondents was drawn from consumers for whom there was a phone number provided in the database; therefore, consumers with no phone number in the database were not given an opportunity to participate. Of the 8,000 adult consumers selected to be in the sample, 3,553 (44.4%) had inaccurate (not in service, or the consumer not at that number) telephone numbers. Of the 8,000 child consumers selected to be in the sample, 3,136 (39.2%) had inaccurate telephone numbers.

III. ADULT SURVEY RESULTS

A. Summary of Respondent Characteristics

Characteristic		%
Gender	Female	66.1
	Male	33.9
Age	Under 21	6.2
	21-30	18.8
	31-40	20.1
	41-50	25.7
	51-60	23.7
	61 and older	5.4
Race	Black or African-American	34.9
	White or Caucasian	52.2
	More than one race reported	7.2
	Refused/Don't Know/Other	5.7
Ethnicity	Spanish, Hispanic, or Latino	5.2
Marital Status	Married or cohabitating	17.0
	Widowed	4.6
	Divorced	19.3
	Separated	8.7
	Never Married	49.1
	Refused/Don't Know	1.3
Education	Completed less than high school degree	29.6
	Completed high school degree or GED	26.7
	Some vocational school or training	6.4
	Some college (no degree)	27.8
	Completed Bachelor's/advanced degree	8.7
	Refused/Don't Know/Never Attended	0.8
Living Situation	House/apartment alone	20.6
	House/apartment with family/friends	73.8
	Residential Rehabilitation Program	2.0
	Streets or shelter	2.0
	Refused/Don't Know/Other	1.6
Employment	Unemployed	26.8
	Employed full-time	8.2
	Employed part-time	11.1
	Permanently disabled, not working	36.8
	Homemaker	2.6
	Student/volunteer	5.9
	Refused/Don't Know/Other	8.5

B. Detail of Respondent Demographic and Social Characteristics

1. Gender

	Frequency	Percent
Female	404	66.1
Male	207	33.9
Total	611	100.0

2. How old are you?

	Frequency	Percent
<21	38	6.2
21-30	115	18.8
31-40	123	20.1
41-50	157	25.7
51-60	145	23.7
>60	33	5.4
Total	611	100.0
Range	16 to 74	
Mean	41.5	

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	8	1.3
Asian	2	0.3
Black or African-American	213	34.9
White or Caucasian	319	52.2
More than one race	44	7.2
Some other race	13	2.1
Don't Know/Refused	12	2.0
Total	611	100.0

4. Are you of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	32	5.2
Not Hispanic	570	93.3
Don't Know/Refused	9	1.5
Total	611	100.0

5. What is your marital status?

	Frequency	Percent
Now Married	69	11.3
Living as Married	35	5.7
Widowed	28	4.6
Divorced	118	19.3
Separated	53	8.7
Never Married	300	49.1
Don't Know/Refused	8	1.3
Total	611	100.0

6. What is the highest grade of school you have ever completed?

	Frequency	Percent
Completed grade 8 or less	33	5.4
Some high school	148	24.2
Completed high school or GED	163	26.7
Some vocational school or training	39	6.4
Some college (no degree)	170	27.8
Completed Bachelor's degree	42	6.9
Completed graduate/professional degree	11	1.8
Never attended	1	0.2
Don't Know/Refused	4	0.7
Total	611	100.0

C. Living Situation

7. What is your current living situation?

	Frequency	Percent
House or apartment alone	126	20.6
House or apartment with family/friends	451	73.8
Residential Rehabilitation Program	12	2.0
Boarding home or foster care home	4	0.7
Hospital or nursing home	1	0.2
Streets or shelter	12	2.0
Other	2	0.3
Don't Know/Refused	3	0.5
Total	611	100.0

8. With the statement, "I feel I had a choice in selecting where I live," would you...?

	Frequency	Percent
Strongly Agree	158	25.9
Agree	226	37.0
Neutral	97	15.9
Disagree	79	12.9
Strongly Disagree	44	7.2
N/A	3	0.5
Don't Know/Refused	4	0.7
Total	611	100.0

9. With the statement, "I am satisfied with my overall housing situation," would you...?

	Frequency	Percent
Strongly Agree	140	22.9
Agree	231	37.8
Neutral	93	15.2
Disagree	89	14.6
Strongly Disagree	53	8.7
N/A	3	0.5
Don't Know/Refused	2	0.3
Total	611	100.0

D. Employment Status

10. What is your current employment situation?

	Frequency	Percent
Working full-time	50	8.2
Working part-time	68	11.1
Unemployed-looking for work	164	26.8
Permanently disabled, not working	225	36.8
Sheltered employment	1	0.2
Retired	7	1.1
Homemaker	16	2.6
Student	32	5.2
Volunteer	4	0.7
Other	41	6.7
Don't Know/Refused	3	0.5
Total	611	100.0

E. Use of Mental Health Services

First, thinking about the kinds of mental health services that you may have received.

1. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	600	98.2
No	11	1.8
Total	611	100.0

2. (If yes to Q1) How long have you received these mental health services?

	Frequency	Percent
Less than 1 year	177	29.5
1 year or more	421	70.2
Don't Know/Refused	2	0.3
Total	600	100.0

3. In the past 12 months, have you received psychiatric rehabilitation services such as day program or PRP services?

	Frequency	Percent
Yes	146	23.9
No	432	70.7
Don't Know/Refused	33	5.4
Total	611	100.0

4. (If yes to Q3) How long have you received psychiatric rehabilitation services?

	Frequency	Percent
Less than 1 year	26	17.8
1 year or more	120	82.2
Total	146	100.0

5. In the past 12 months, have you received residential rehabilitation services or RRP services?

	Frequency	Percent
Yes	54	8.8
No	527	86.3
Don't Know/Refused	30	4.9
Total	611	100.0

6. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?

	Frequency	Percent
Yes	203	33.2
No	401	65.6
Don't Know/Refused	7	1.1
Total	611	100.0

7. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem or a problem with your nerves?

	Frequency	Percent
Yes	97	15.9
No	513	84.0
Don't Know/Refused	1	0.2
Total	611	100.0

8. In the past 12 months, have you participated in a mental health self-help group? (e.g., On Our Own, depression support group, family support group, etc.)

	Frequency	Percent
Yes	145	23.7
No	460	75.3
Don't Know/Refused	6	1.0
Total	611	100.0

F. Substance Abuse Services

Now, I would like to ask you about the kinds of services that you have received for a substance abuse problem, such as an alcohol or drug use problem.

1. In the past 12 months, did you attempt to get or were you referred for substance abuse services?

	Frequency	Percent
Yes	99	16.2
No	510	83.5
Don't Know/Refused	2	0.3
Total	611	100.0

2. (If yes to Q1) Were you able to receive substance abuse services?

	Frequency	Percent
Yes	94	94.9
No	5	5.1
Total	99	100.0

3. (If yes to Q2) Were you satisfied with your substance abuse services?

	Frequency	Percent
Yes	86	91.5
No	7	7.4
Don't Know/Refused	1	1.1
Total	94	100.0

4. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	31	5.1
No	579	94.8
Don't Know/Refused	1	0.2
Total	611	100.0

G. Physical Health Services

Thinking about your physical health care.

1. Do you have a primary health care provider?

	Frequency	Percent
Yes	553	90.5
No	52	8.5
Don't Know/Refused	6	1.0
Total	611	100.0

2. (If yes to Q1) To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health or mental health?

	Frequency	Percent
Yes	177	32.0
No	242	43.8
Don't Know/Refused	134	24.2
Total	553	100.0

3. In the past 12 months, did you see a medical professional for a health check-up or because you were sick?

	Frequency	Percent
Yes	499	81.7
No	110	18.0
Don't Know/Refused	2	0.3
Total	611	100.0

4. In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?

	Frequency	Percent
Yes	143	23.4
No	465	76.1
Don't Know/Refused	3	0.5
Total	611	100.0

H. Arrests and Police Encounters

Consumers receiving outpatient mental health treatment services for less than 1 year (N=177)

Thinking about your legal history,

1. Were you arrested since you began to receive mental health services?

	Frequency	Percent
Yes	12	6.8
No	164	92.7
Don't Know/Refused	1	0.6
Total	177	100.0

2. Were you arrested during the 12 months prior to that?

	Frequency	Percent
Yes	24	13.6
No	152	85.9
Don't Know/Refused	1	0.6
Total	177	100.0

3. Since you began to receive mental health services, have your encounters with the police...

	Frequency	Percent
Been reduced	16	9.0
Stayed the same	7	4.0
Increased	3	1.7
N/A (had no police encounters this year or last year)	147	83.1
Don't Know/Refused	4	2.3
Total	177	100.0

Consumers receiving outpatient mental health treatment services for 1 year or more (N=423)

Thinking about your legal history,

1. Were you arrested during the past 12 months?

	Frequency	Percent
Yes	19	4.5
No	402	95.0
Don't Know/Refused	2	0.5
Total	423	100.0

2. Were you arrested during the 12 months prior to that?

	Frequency	Percent
Yes	34	8.0
No	387	91.5
Don't Know/Refused	2	0.5
Total	423	100.0

3. Over the past year, have your encounters with police...

	Frequency	Percent
Been reduced	24	5.7
Stayed the same	26	6.1
Increased	8	1.9
N/A (had no police encounters this year or last year)	362	85.6
Don't Know/Refused	3	0.7
Total	423	100.0

I. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all respondents (600 = 98.2%) reported receiving some type of outpatient mental health treatment service. Respondents were asked how much they agreed or disagreed with 23 statements regarding the outpatient services they received. Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received.	598	1.9	0.9	37.1	47.5	7.5	5.5	2.3
If I had other choices, I would still get services from this provider.	594	2.0	1.0	33.0	45.8	9.1	8.6	3.5
I would recommend this provider to a friend or a family member.	596	1.9	1.0	37.6	45.6	5.9	6.9	4.0
The location of services was convenient.	597	1.9	0.9	32.7	52.3	5.9	7.2	2.0
Staff were willing to see me as often as I felt it was necessary.	595	1.9	0.9	32.6	52.8	6.1	6.4	2.2
Staff returned my calls in 24 hours.	569	2.1	1.0	27.8	49.6	8.1	12.0	2.6
Services were available at times that were good for me.	600	1.9	0.9	31.2	56.3	5.3	5.0	2.2
I was able to get all the services I thought I needed.	596	2.1	1.0	29.0	52.5	5.0	9.7	3.7
I was able to see a psychiatrist when I wanted to.	581	2.2	1.1	26.7	49.4	7.4	12.6	4.0
Staff here believe that I can grow, change, and recover.	567	1.9	0.8	30.9	56.3	7.4	3.7	1.8
I felt comfortable asking questions about my treatment and medication.	592	1.8	0.8	36.8	55.2	3.5	3.4	1.0
I felt free to complain.	596	1.9	0.9	30.4	56.5	4.7	6.7	1.7
I was given information about my rights.	592	1.8	0.8	33.4	56.4	3.2	6.1	0.8
Staff encouraged me to take responsibility for how I live my life.	586	1.9	0.8	32.1	53.9	7.7	6.1	0.2
Staff told me what side effects to watch out for.	585	2.1	1.0	28.5	50.6	8.4	10.6	1.9
Staff respected my wishes about who is and is not to be given information about my treatment.	586	1.8	0.8	37.7	54.4	2.4	3.4	2.0
I, not staff, decided my treatment goals.	584	2.2	0.9	22.9	51.5	14.0	10.1	1.4
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	593	2.0	0.9	26.5	56.5	7.4	7.6	2.0
I was encouraged to use consumer-run programs.	573	2.4	1.1	18.5	47.8	10.8	19.7	3.1
Staff were sensitive to my cultural or ethnic background.	547	2.0	0.8	26.9	57.4	9.3	5.5	0.9
Staff respected my family’s religious or spiritual beliefs.	535	1.9	0.7	29.0	58.1	8.8	3.7	0.4
Staff treated me with respect.	597	1.7	0.8	38.2	54.8	2.8	3.0	1.2
Staff spoke with me in a way that I understood.	598	1.8	0.7	35.1	59.2	2.3	2.3	1.0

*Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

**Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

J. Satisfaction with Psychiatric Rehabilitation Program Services

Less than one-quarter (146 = 23.9%) of survey respondents reported receiving psychiatric rehabilitation services. Respondents were asked how much they agreed or disagreed with 21 statements regarding the psychiatric rehabilitation services they received. Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services I received.	145	1.9	0.9	34.5	51.7	5.5	6.2	2.1
If I had other choices, I would still get services from this provider.	146	2.0	0.9	26.7	53.4	12.3	6.8	0.7
I would recommend this provider to a friend or a family member.	146	2.0	0.9	26.7	57.5	4.8	8.2	2.7
The location of services was convenient.	146	2.0	0.9	24.0	60.3	6.2	8.9	0.7
Staff were willing to see me as often as I felt it was necessary.	144	2.1	1.0	23.6	56.9	6.2	11.1	2.1
Staff returned my calls in 24 hours.	141	2.3	1.1	22.0	51.8	8.5	14.9	2.8
Services were available at times that were good for me.	146	2.1	0.9	20.5	61.0	6.8	9.6	2.1
I was able to get all the services I thought I needed.	145	2.2	1.1	24.1	54.5	6.9	9.0	5.5
Staff here believe that I can grow, change, and recover.	142	2.0	0.8	23.9	61.3	9.2	3.5	2.1
I felt comfortable asking questions about my rehabilitation.	146	2.0	0.9	25.3	62.3	4.1	5.5	2.7
I felt free to complain.	145	2.2	1.0	20.0	57.9	9.0	8.3	4.8
I was given information about my rights.	146	2.0	0.8	24.7	63.7	3.4	6.8	1.4
Staff encouraged me to take responsibility for how I live my life.	146	2.0	0.8	24.0	64.4	5.5	4.1	2.1
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	145	2.0	0.8	26.2	60.7	6.9	4.1	2.1
I, not staff, decided my rehabilitation goals.	145	2.2	0.9	20.0	49.0	19.3	10.3	1.4
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	145	2.1	1.0	22.8	57.9	6.9	7.6	4.8
I was encouraged to use consumer-run programs.	142	2.2	0.9	17.6	62.0	7.0	11.3	2.1
Staff were sensitive to my cultural or ethnic background.	142	2.0	0.8	21.1	63.4	9.2	4.9	1.4
Staff respected my family’s religious or spiritual beliefs.	137	2.0	0.7	20.4	65.7	9.5	3.6	0.7
Staff treated me with respect.	146	2.0	0.9	24.0	63.0	2.7	7.5	2.7
Staff spoke with me in a way that I understood.	146	1.9	0.8	24.7	65.8	3.4	3.4	2.7

*Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

K. Overall Satisfaction with Mental Health Services

Overall satisfaction with all mental health services received was assessed using the same Likert scale as was used throughout the survey. Respondents were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services I received.” Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services I received.	611	2.1	1.0	24.2	55.5	9.3	7.2	3.8

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, row may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

L. Outcome Measures

Respondents were asked how they benefited from the mental health services they received. Each question begins with the statement: “As a direct result of all the mental health services I received” and was followed by the specific outcome of services. Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems.	599	2.3	1.0	20.9	48.1	18.4	9.8	2.8
I am better able to control my life.	600	2.2	1.0	20.0	51.2	17.2	9.2	2.5
I am better able to deal with crisis.	600	2.3	1.0	17.5	49.2	19.5	10.7	3.2
I am getting along better with my family.	583	2.3	1.0	20.2	49.7	17.0	10.3	2.7
I do better in social situations.	586	2.5	1.0	14.0	43.5	23.0	15.0	4.4
I do better in school and/or work.	443	2.5	1.0	14.2	43.3	21.9	16.5	4.1
My housing situation has improved.	562	2.5	1.1	18.3	39.7	20.1	16.4	5.5
My symptoms are not bothering me as much.	604	2.7	1.2	13.4	41.6	17.1	20.7	7.3
I do things that are more meaningful to me.	603	2.4	1.0	13.9	52.9	17.1	12.9	3.2
I am better able to take care of my needs.	603	2.3	0.9	14.6	57.0	15.6	10.3	2.5
I am better able to handle things when they go wrong.	601	2.5	1.0	13.0	47.8	20.6	13.8	4.8
I am better able to do things that I want to do.	600	2.5	1.0	12.5	49.5	19.8	13.2	5.0
I am happy with the friendships I have.	595	2.3	1.0	20.7	50.1	15.6	10.3	3.4
I have people with whom I can do enjoyable things.	602	2.2	0.9	21.8	53.8	12.1	11.1	1.2
I feel I belong in my community.	598	2.4	1.0	14.5	50.3	16.2	15.1	3.8
In a crisis, I would have the support I need from family or friends.	604	2.1	1.0	25.3	50.8	12.1	9.3	2.5

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate more positive outcomes.

*** S.D. is an abbreviation for Standard Deviation.

M. Additional Statistical Analyses

Statistical analysis of survey results was conducted to determine if survey responses differ across demographic categories of respondents. The level of significance indicates the likelihood that observed differences between populations reflect actual differences in opinion, rather than chance. For this report, a significance level of ($p < .05$) is considered statistically significant, which indicates that there is a less than 5% chance that observed differences are based on chance. Please note that the presence of a statistically significant relationship between survey measures does not necessarily imply causation.

The following differences are statistically significant.

Demographics

White/Caucasian respondents are more likely than other respondents to:

- Have completed high school (75.7% vs. 62.7%).
- Be employed (24.3% employed vs. 16.8%).

Employed respondents are younger, on average, than unemployed (mean age of employed respondents: 38.2 vs. 41.9).

Use of Mental Health and Other Services

Respondents over age 40 are more likely than those age 40 and younger to have:

- Been in outpatient treatment for one year or longer (76.8% vs. 62.7%).
- Received psychiatric rehabilitation services (29.3% vs. 17.4%).
- Been in psychiatric rehabilitation services for one year or longer (89.8% vs. 66.7%).
- Received residential rehabilitation services (12.2% vs. 4.7%).
- Participated in a mental health self-help group (29.3% vs. 17.0%).
- Reported that primary care physician and mental health services provider communicated with each other (48.3% vs. 34.9%).
- Seen a medical professional for a health check-up or illness (86.6% vs. 75.7%).

Black/African-American respondents are more likely than other respondents to have:

- Received psychiatric rehabilitation services (29.0% vs. 20.6%).
- Participated in a mental health self-help group (27.7% vs. 21.2%).

Male respondents are more likely than female respondents to have:

- Been in outpatient treatment for one year or longer (76.5% vs. 67.3%).
- Sought or been referred for substance abuse services (20.9% vs. 13.9%).

Female respondents are more likely than male respondents to have:

- Seen a medical professional for a health check-up or illness (85.1% vs. 74.9%).
- Had an inpatient stay for medical reasons (27.2% vs. 15.9%).

Unemployed respondents are more likely than employed respondents to have:

- Had an inpatient stay for mental health reasons (16.8% vs. 10.2%).
- Been able to receive substance abuse services if they were sought (97.4% vs. 83.3%).

Outcome Measures

Responses to *Outcome Measures* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating more positive outcome.

Employed respondents agree more than unemployed respondents with 13 of the 16 outcome statements:

- I deal more effectively with daily problems (2.0 vs. 2.3).
- I am better able to control my life (2.0 vs. 2.3).
- I am better able to deal with crisis (2.0 vs. 2.4).
- I do better in social situations (2.2 vs. 2.6).
- I do better in school and/or work (2.0 vs. 2.7).
- My housing situation has improved (2.2 vs. 2.6).
- My symptoms are not bothering me as much (2.3 vs. 2.7).
- I do things that are more meaningful to me (2.2 vs. 2.4).
- I am better able to take care of my needs (2.0 vs. 2.4).
- I am better able to handle things when they go wrong (2.1 vs. 2.6).
- I am better able to do things that I want to do (2.1 vs. 2.6).
- I have people with whom I can do enjoyable things (1.9 vs. 2.2).
- In a crisis, I would have the support I need from family or friends (1.9 vs. 2.2).

IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Caregiver Respondent Characteristics

Characteristic		%
Gender	Female	88.7
	Male	11.0
	Refused	0.4
Age	20-50	74.8
	51-70	17.5
	71 and older	1.3
	Refused/Don't Know	6.5
Race	Black or African-American	43.8
	White or Caucasian	43.2
	More than one race reported	4.1
	Other	5.5
	Refused/Don't Know	3.4
Ethnicity	Spanish, Hispanic, or Latino	5.5
Relationship to Child	Parent	84.0
	Grandparent	11.3
	Other relative	3.8
	Other/Refused/Don't Know	0.9

B. Summary of Child Characteristics

Characteristic		%
Gender	Female	38.1
	Male	61.8
	Refused	0.1
Age	1-4	3.5
	5-9	35.6
	10-14	53.9
	15 and older	7.0
Race	Black or African-American	43.0
	White or Caucasian	37.3
	More than one race reported	11.6
	Other	5.1
	Refused/Don't Know	3.1
Ethnicity	Spanish, Hispanic, or Latino	8.0
Education	Currently in school	95.6
	• Regular classroom	71.6
	• Special education, all or part day	26.0
	• Other classroom setting	2.3
	Have repeated a grade	16.2

C. Detail of Caregiver Respondent Demographic and Social Characteristics

1. Parent/caregiver gender

	Frequency	Percent
Female	752	88.7
Male	93	11.0
Refused	3	0.4
Total	848	100.0

2. Parent/caregiver age?

	Frequency	Percent
Under 21	1	0.1
21-30	140	16.5
31-40	306	36.1
41-50	187	22.1
51-60	89	10.5
61-70	59	7.0
>70	11	1.3
Don't Know/Refused	55	6.5
Total	848	100.0

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	7	0.8
Asian	5	0.6
African-American or Black	371	43.8
Native Hawaiian or Pacific Islander	2	0.2
White or Caucasian	366	43.2
More than one race reported	35	4.1
Other	33	3.9
Don't Know/Refused	29	3.4
Total	848	100.0

4. Are you of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	47	5.5
Not Hispanic	790	93.2
Don't Know/Refused	11	1.3
Total	848	100.0

5. What is your relationship to (child)?

	Frequency	Percent
Biological, adoptive, foster parent, or stepparent	712	84.0
Grandparent	96	11.3
Sibling	2	0.2
Other biological relative, acting as guardian	30	3.5
Legal guardian (where none of the others apply)	6	0.7
Other	2	0.2
Total	848	100.0

D. Detail of Child Demographic and Social Characteristics

1. Child's gender

	Frequency	Percent
Female	323	38.1
Male	524	61.8
Refused	1	0.1
Total	848	100.0

2. Child's age

	Frequency	Percent
1-4	30	3.5
5-9	302	35.6
10-14	457	53.9
>14	59	7.0
Total	848	100.0

3. What is (child's) race?

	Frequency	Percent
American Indian or Alaska Native	4	0.5
Asian	6	0.7
African-American or Black	365	43.0
Native Hawaiian or Pacific Islander	2	0.2
White or Caucasian	316	37.3
More than one race reported	98	11.6
Other	31	3.7
Don't Know/Refused	26	3.1
Total	848	100.0

4. Is (child) of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Yes	68	8.0
No	766	90.3
Don't Know/Refused	14	1.7
Total	848	100.0

5. Is (child) currently living with you?

	Frequency	Percent
Yes	833	98.2
No	14	1.7
Refused	1	0.1
Total	848	100.0

6. (If no or refused to Q5) Is (child) currently in an out-of-home residential placement, such as a group home, foster care or residential treatment center?

	Frequency	Percent
Yes	5	33.3
No	10	66.7
Total	15	100.0

7. Has (child) lived in any of the following places in the last 12 months? (accept multiple responses)

	Frequency	Percent
With one or both parents	727	79.9
With another family member	154	16.9
Foster home	9	1.0
Therapeutic foster home	4	0.4
Crisis shelter	2	0.2
Homeless shelter	1	0.1
Group home	3	0.3
Residential treatment center	5	0.5
Hospital	2	0.2
State correctional facility	1	0.1
Other	2	0.2
Total	910	100.0

**The frequency and percentage is greater than the total number of respondents because more than one answer can be given.*

8. Is (child) currently going to school?

	Frequency	Percent
Yes	811	95.6
No	35	4.1
Don't Know/Refused	2	0.2
Total	848	100.0

8a. (If yes to Q8) At school, what type of classroom is (child) is currently enrolled in?

	Frequency	Percent
Regular classroom	581	71.6
Special education all day	111	13.7
Special education part of day	100	12.3
Other	16	2.0
Don't Know/Refused	3	0.4
Total	811	100.0

8b. (If no to Q8) Why is (child) not currently going to school?

	Frequency	Percent
Too young for school	16	45.7
Dropped out	1	2.9
Expelled	1	2.9
Suspended	1	2.9
Sick or hospitalized	7	20.0
Other	9	25.7
Total	35	100.0

9. Has (child) ever repeated a grade?

	Frequency	Percent
Yes	135	16.2
No	695	83.5
Don't Know/Refused	2	0.2
Total	832	100.0

E. Use of Mental Health Services

Thinking about the kinds of mental health services that (child) may have received.

1. In the past 12 months, has (child) been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	816	96.2
No	30	3.5
Don't Know/Refused	2	0.2
Total	848	100.0

2. (If yes to Q1) How long has (child) received these mental health services?

	Frequency	Percent
<1 month	39	4.8
1 month-5months	141	17.3
6 months-<1year	171	21.0
1 year or more	463	56.7
Don't Know/Refused	2	0.2
Total	816	100.0

3. In the past 12 months, has (child) received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	Frequency	Percent
Yes	255	30.1
No	556	65.6
Don't Know/Refused	37	4.4
Total	848	100.0

4. (If yes to Q3) How long has (child) received psychiatric family support services?

	Frequency	Percent
Less than 1 year	89	34.9
1 year or more	161	63.1
Don't Know/Refused	5	2.0
Total	255	100.0

5. In the past 12 months, has (child) seen a pediatrician or any other medical professional for an emotional or behavioral problem?

	Frequency	Percent
Yes	369	43.5
No	476	56.1
Don't Know/Refused	3	0.4
Total	848	100.0

6. In the past 12 months, has (child) seen a school counselor?

	Frequency	Percent
Yes	473	56.9
No	325	39.1
Don't Know/Refused	34	4.1
Total	832	100.0

7. In the past 12 months, has (child) spent at least one night in a hospital, emergency room, or crisis bed because of an emotional or behavioral problem?

	Frequency	Percent
Yes	55	6.5
No	790	93.2
Don't Know/Refused	3	0.3
Total	848	100.0

8. In the past 12 months, has (child) participated in a mental health support or self-help group such as peer counseling?

	Frequency	Percent
Yes	187	22.1
No	632	74.5
Don't Know/Refused	29	3.4
Total	848	100.0

9. In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning or behavioral disorders?

	Frequency	Percent
Yes	171	20.2
No	675	79.6
Don't Know/Refused	2	0.2
Total	848	100.0

10. (If no or don't know to Q9) Would you like to participate in such a support group?

	Frequency	Percent
Yes	253	37.4
No	390	57.6
Don't Know/Refused	34	5.0
Total	677	100.0

11. Is (child) on medication for emotional or behavioral problems?

	Frequency	Percent
Yes	446	52.6
No	398	46.9
Don't Know/Refused	4	0.5
Total	848	100.0

12. (If yes to Q11) Did the doctor or nurse tell you and/or (child) what side effects to watch for?

	Frequency	Percent
Yes	407	91.3
No	33	7.4
Don't Know/Refused	6	1.3
Total	446	100.0

13. Are any of (child)'s siblings receiving mental health services?

	Frequency	Percent
Yes	269	31.7
No	489	57.7
Don't Know/Refused	28	3.3
No siblings	62	7.3
Total	848	100.0

F. Substance Abuse Services

Consumers age 13 and older (N = 240)

1. In the past 12 months, did (child) attempt to get or was he/she referred for substance abuse services?

	Frequency	Percent
Yes	14	5.8
No	225	93.8
Don't Know/Refused	1	0.4
Total	240	100.0

2. (If yes to Q1) Was (child) able to receive substance abuse services?

	Frequency	Percent
Yes	11	78.6
No	2	14.3
Don't Know/Refused	1	7.1
Total	14	100.0

3. (If yes to Q2) Were you satisfied with (child's) substance abuse services?

	Frequency	Percent
Yes	9	81.8
No	2	18.2
Total	11	100.0

4. Has (child) spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	7	2.9
No	232	96.7
Don't Know/Refused	1	0.4
Total	240	100.0

G. Physical Health Services

1. Does (child) have a primary health care provider?

	Frequency	Percent
Yes	832	98.1
No	11	1.3
Don't Know/Refused	5	0.6
Total	848	100.0

2. (If yes to Q1) To your knowledge, has (child)'s primary health care provider and (child)'s mental health provider spoken with each other about (child)'s health or mental health?

	Frequency	Percent
Yes	271	32.6
No	411	49.4
Don't Know/Refused	150	18.0
Total	832	100.0

3. In the past 12 months, did (child) see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?

	Frequency	Percent
Yes	747	88.1
No	97	11.4
Don't Know/Refused	4	0.5
Total	848	100.0

4. In the past 12 months, has (child) spent at least one night in a hospital because of a physical illness or health problem?

	Frequency	Percent
Yes	56	6.6
No	789	93.0
Don't Know/Refused	3	0.4
Total	848	100.0

5. Does (child) have Medicaid Insurance?

	Frequency	Percent
Yes	705	83.1
No	75	8.8
Don't Know/Refused	68	8.0
Total	848	100.0

H. Arrests, Police Encounters, School Suspensions, and School Expulsions

Questions 1-3: Consumers, age 13 and older only, receiving outpatient services for less than 1 year (N = 103)

Questions 4-6: Consumers receiving outpatient services for less than 1 year (N = 351)

1. Was (child) arrested since beginning to receive mental health services?

	Frequency	Percent
Yes	5	4.9
No	95	92.2
Don't Know/Refused	3	2.9
Total	103	100.0

2. Was (child) arrested during the 12 months prior to that?

	Frequency	Percent
Yes	5	4.9
No	96	93.2
Don't Know/Refused	2	1.9
Total	103	100.0

3. Since (child) began receiving mental health services, have their encounters with the police...

	Frequency	Percent
Been reduced	2	1.9
Stayed the same	5	4.9
Increased	3	2.9
N/A (had no police encounters this year or last year)	92	89.3
Don't Know/Refused	1	1.0
Total	103	100.0

(Skip Q4 through Q6 if child is too young for school)

4. Was (child) expelled or suspended since beginning services?

	Frequency	Percent
Yes	56	16.6
No	276	81.9
Don't Know/ Refused	5	1.5
Total	337	100.0

5. Was (child) expelled or suspended during the 12 months prior to that?

	Frequency	Percent
Yes	41	12.2
No	293	86.9
Don't Know/Refused	3	0.9
Total	337	100.0

6. Since starting to receive services, is the number of days (child) was in school:

	Frequency	Percent
Greater	61	18.1
About the same	164	48.7
Less	18	5.3
Does not apply	82	24.3
Don't Know/Refused	12	3.6
Total	337	100.0

Does not apply category detail:

Did not have a problem with attendance before starting services	76	80.9
Too young for school last year	3	3.2
Home schooled	1	1.1
Other	5	5.3
Don't Know/Refused	9	9.5
Total	94	100.0

Arrests, Police Encounters, School Suspensions, and School Expulsions

Questions 7-9: Consumers, age 13 and older only, receiving outpatient services one year or more (N = 128)

Questions 10-12: Consumers receiving outpatient services one year or more (N = 465)

7. Was (child) arrested during the past 12 months?

	Frequency	Percent
Yes	7	5.5
No	121	94.5
Don't Know/Refused	0	0.0
Total	128	100.0

8. Was (child) arrested during the 12 months prior to that?

	Frequency	Percent
Yes	7	5.5
No	121	94.5
Don't Know/Refused	0	0.0
Total	128	100.0

9. Since (child) began receiving mental health services, have their encounters with the police...

	Frequency	Percent
Been reduced	14	10.9
Stayed the same	3	2.3
Increased	4	3.1
N/A (had no police encounters this year or last year)	106	82.8
Don't Know/Refused	1	0.8
Total	128	100.0

(Skip Q10 through Q12 if child is too young for school)

10. Was (child) expelled or suspended during the past 12 months?

	Frequency	Percent
Yes	117	25.3
No	340	73.4
Don't Know/Refused	6	1.3
Total	463	100.0

11. Was (child) expelled or suspended during the 12 months prior to that?

	Frequency	Percent
Yes	110	23.8
No	344	74.3
Don't Know/Refused	9	1.9
Total	463	100.0

12. Over the past year, is the number of days (child) was in school:

	Frequency	Percent
Greater	105	22.7
About the same	218	47.1
Less	41	8.9
Does not apply	90	19.4
Don't Know/Refused	9	1.9
Total	463	100.0

Does not apply category detail:

Did not have a problem with attendance before starting services	71	71.7
Too young for school last year	7	7.1
Expelled from school	2	2.0
Home schooled	7	7.1
Other	6	6.1
Don't Know/Refused	6	6.1
Total	99	100.0

I. Satisfaction with Outpatient Mental Health Treatment Services Received by Children

Nearly all caregiver respondents (816 = 96.2%) reported his/her child had received some type of outpatient mental health treatment service. Caregiver respondents were asked how much they agreed or disagreed with 16 statements regarding the outpatient service his/her child received. Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	812	2.0	0.9	30.2	51.7	10.1	5.8	2.2
I helped choose my child’s services.	801	1.9	0.9	34.1	52.1	6.0	7.2	0.6
I helped choose my child’s treatment goals.	803	1.9	0.8	30.6	57.8	6.0	5.1	0.5
The people helping my child stuck with us no matter what.	801	1.9	0.9	35.3	47.6	6.7	9.0	1.4
I felt my child had someone to talk to when he/she was troubled.	791	1.9	0.9	34.8	50.9	7.6	5.4	1.3
I participated in my child’s treatment.	810	1.6	0.7	43.8	51.1	2.2	2.5	0.4
The services my child and/or family received were right for us.	808	1.9	0.8	30.2	54.6	8.7	5.6	1.0
The location of services was convenient for us.	815	1.9	0.9	36.1	51.0	5.0	5.8	2.1
Services were available at times that were convenient for us.	813	1.9	0.9	31.2	55.5	5.4	6.3	1.6
My family got the help we wanted for my child.	810	2.0	0.9	30.2	50.6	9.5	8.5	1.1
My family got as much help as we needed for my child.	809	2.2	1.0	24.5	48.2	12.4	12.9	2.1
Staff treated me with respect.	812	1.7	0.6	41.9	53.3	3.0	1.6	0.2
Staff respected my family’s religious or spiritual beliefs.	723	1.7	0.6	36.9	58.8	3.6	0.6	0.1
Staff spoke with me in a way that I understood.	814	1.7	0.6	38.0	59.2	1.7	1.0	0.1
Staff were sensitive to my cultural or ethnic background.	728	1.7	0.6	34.9	59.9	3.6	1.5	0.1
I felt free to complain.	798	1.8	0.7	33.8	59.0	3.1	2.9	1.1

*Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

**Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

J. Satisfaction with Child/Family Support Services

Slightly less than one-third of caregiver respondents (255 = 30.1%) reported that his/her child had received some type of child/family support service. Caregiver respondents were asked how much they agreed or disagreed with 16 statements regarding the child/family support services his/her child received. Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	253	1.9	0.9	32.4	52.2	7.5	6.3	1.6
I helped choose my child’s services.	254	1.8	0.8	32.3	57.1	5.9	4.3	0.4
I helped choose my child’s service goals.	253	1.8	0.7	32.0	58.9	4.0	4.7	0.4
The people helping my child stuck with us no matter what.	255	1.9	0.9	36.1	50.2	4.7	8.2	0.8
I felt my child had someone to talk to when he/she was troubled.	250	1.9	0.9	32.0	55.2	3.6	8.0	1.2
I participated in my child’s services.	255	1.6	0.6	40.0	57.6	0.8	1.6	0.0
The services my child received were right for us.	252	1.9	0.8	33.3	53.2	9.5	3.6	0.4
The location of services was convenient for us.	255	1.9	0.8	32.2	56.1	3.9	7.1	0.8
Services were available at times that were convenient for us.	254	2.0	0.9	29.9	55.5	5.1	8.7	0.8
My family got the help we wanted for my child.	254	2.0	0.9	29.5	51.6	9.4	8.3	1.2
My family got as much help as we needed for my child.	253	2.1	1.0	27.3	50.6	10.7	9.9	1.6
Staff treated me with respect.	253	1.7	0.6	37.5	58.9	2.4	0.4	0.8
Staff respected my family’s religious or spiritual beliefs.	228	1.7	0.6	37.3	59.2	3.1	0.4	0.0
Staff spoke with me in a way that I understood.	254	1.7	0.6	38.2	58.3	2.0	1.2	0.4
Staff were sensitive to my cultural or ethnic background.	232	1.7	0.6	35.3	61.6	1.7	1.3	0.0
I felt free to complain.	251	1.8	0.7	35.9	57.4	3.2	2.4	1.2

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

**Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

K. Overall Satisfaction with Mental Health Services

Overall caregiver respondent satisfaction with the mental health services received by his/her child was assessed using the same Likert scale as was used throughout the survey. Caregiver respondents were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services my child received.” Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services my child received.	846	2.1	0.9	23.2	58.6	8.9	7.9	1.4

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, row may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

L. Outcome Measures

Caregiver respondents were asked how his/her child had benefited from the mental health treatment services received. Each question begins with the statement: “As a direct result of the mental health services my child received” and was followed by the specific outcome of services. Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My child is better at handling daily life.	821	2.3	1.0	19.7	46.4	18.9	11.6	3.4
My child gets along better with family members.	816	2.3	0.9	17.6	51.0	19.2	10.5	1.6
My child gets along better with friends and other people.	813	2.3	1.0	17.1	50.7	19.4	9.8	3.0
My child is doing better in school and/or work.	798	2.3	1.1	21.8	44.6	16.3	12.9	4.4
My child is better able to cope when things go wrong.	831	2.6	1.1	14.4	42.2	21.2	18.3	3.9
I am satisfied with our family life right now.	840	2.2	1.0	20.7	52.4	12.9	11.3	2.7
My child is better able to do things he or she wants to do.	819	2.3	0.9	16.5	55.2	17.5	8.8	2.1
My child is better able to control his or her behavior.	817	2.6	1.1	11.6	45.8	20.4	15.7	6.5
My child is less bothered by his or her symptoms.	793	2.5	1.0	12.2	47.8	20.2	16.4	3.4
My child has improved social skills.	802	2.3	1.0	15.5	53.1	16.8	11.6	3.0
As a direct result of all the mental health services my child and family received: (Please answer for relationships with persons other than your mental health providers.)								
I know people who will listen and understand me when I need to talk.	836	1.9	0.8	28.7	57.1	9.4	4.1	0.7
I have people that I am comfortable talking with about my child’s problems.	839	1.9	0.8	31.2	58.0	5.2	4.4	1.1
In a crisis, I would have the support I need from family or friends.	839	1.8	0.8	37.8	50.8	6.4	3.9	1.1
I have people with whom I can do enjoyable things.	842	1.8	0.7	31.4	59.5	5.6	3.1	0.5

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate more positive outcomes.

*** S.D. is an abbreviation for Standard Deviation.

M. Additional Statistical Analyses

Statistical analysis of survey results was conducted to determine if survey responses differ across demographic categories of respondents. The level of significance indicates the likelihood that observed differences between populations reflect actual differences in opinion, rather than chance. For this report, a significance level of ($p < .05$) is considered statistically significant, which indicates that there is a less than 5% chance that observed differences are based on chance. Please note that the presence of a statistically significant relationship between survey measures does not necessarily imply causation.

The following differences are statistically significant.

Use of Mental Health Services

Caregivers over age 40 are more likely than those age 40 and younger to report that:

- The child participated in a mental health support group (26.3% vs. 19.9%).

Caregivers who are not the child's biological or adoptive parent are more likely than caregivers who are a biological or adoptive parent to report that:

- The child received family support services (38.5% vs. 28.2%).

Caregivers of White/Caucasian children are more likely than caregivers of other children to report that:

- The child received outpatient mental health services (98.2% vs. 94.6%).
- The child was on medication for emotional or behavioral problems (59.3% vs. 47.2%).

Caregivers of Black/African-American children are more likely than caregivers of other children to report that:

- The child received family support services (34.3% vs. 25.8%).

Caregivers of male children are more likely than caregivers of female children to report that:

- The child was on medication for emotional or behavioral problems (58.7% vs. 42.9%).

Children who had an inpatient stay for emotional or behavioral problems are older, on average, than children who did not have such an inpatient stay (mean age: 11.7 vs. 10.1).

Physical Health Care

There are no statistically significant differences in whether the child has a primary health care provider by caregiver gender, age, race, ethnicity, or relationship to child.

Caregivers of Latino children are more likely than caregivers of other children to report that:

- The child's primary health care and mental health providers communicated with each other (57.9% vs. 38.4%).

Caregivers of White/Caucasian children are more likely than caregivers of other children to report that:

- The child's primary health care and mental health providers communicated with each other (45.2 vs. 35.4%).
- The child had a primary care visit in the past year (92.0% vs. 85.5%).

V. SUMMARY

Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Mental Health System. These surveys represent the twelfth systematic, statewide assessment of consumer perception of care since 1997. Data collection, data analysis, and documentation of the survey findings were subcontracted through Fact Finders on behalf of ValueOptions[®], Inc. and the Maryland Mental Hygiene Administration.

The potential survey population consisted of PMHS consumers for whom claims were received for outpatient services rendered between January and December 2011. The sample was stratified by age and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health services or psychiatric rehabilitation services. Service types for children and adolescents included outpatient mental health services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Individuals (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16.

Of the 8,000 consumers selected for the adult sample, 1,725 were successfully contacted to request participation in the survey; 611 completed the survey for a response rate of 35.4%. Of the 8,000 child/caregiver consumers selected for the sample, 1,840 were successfully contacted to request participation in the survey; 848 completed the survey for a response rate of 46.1%.

Both adults and caregivers were satisfied overall with the mental health services they or their children received: 79.7% of adults and 81.8% of caregivers of children agreed or strongly agreed that, "Overall I am satisfied with the mental health services I (my child) received." Regarding satisfaction with specific aspects of outpatient mental health treatment services, over 76.0% of adults responded positively for 21 of the 23 survey items (range 66.3% to 94.3%). Regarding satisfaction with specific aspects of psychiatric rehabilitation services, over 77.0% of adults responded positively for 19 of the 21 survey items (range of 69.0% to 90.4%). Regarding satisfaction with specific aspects of outpatient mental health treatment services for children, over 80.0% of caregivers responded positively for 15 of the 16 survey items (range of 72.7% to 97.2%). Regarding satisfaction with specific aspects of family support services for children, over 80.0% of caregivers responded positively for 15 of the 16 survey items (range of 77.9% to 97.6%).

Responses to the 16 adult survey items that assess outcomes of care ranged from 55.0% to 76.2% agreement. Responses to the 10 caregiver survey items that assess outcomes of care for children ranged from 56.7% to 73.1% agreement. Over 85.0% of caregivers responded positively to each of the four outcomes items assessing "social connectedness" of the caregivers themselves.

It is hoped that these survey findings will be used to identify opportunities for improvement in the PMHS.

VI. APPENDICES

APPENDIX A:

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

APPENDIX B:

NOTIFICATION LETTER ADULT

APPENDIX C:

NOTIFICATION LETTER CHILD/CAREGIVER

APPENDIX D:

SURVEY INSTRUMENT ADULT

APPENDIX E:

SURVEY INSTRUMENT CHILD/CAREGIVER

APPENDIX F:

DEFINITIONS AND TERMINOLOGY

Appendix A



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201

Patricia M. Alt, Ph.D., Chairperson

May 24, 2011

Jarrell W. Pipkin
Director, Quality Management
Value Options Maryland
P.O. Box 618
Hanover, MD 21076

REF: **Protocol # 98-13**

Dear Mr. Pipkin:

The Maryland Department of Health and Mental Hygiene's Institutional Review Board (IRB) conducted a review of your protocol entitled "Consumer Satisfaction with Maryland Public Mental Health System" for continuous approval. The IRB meeting was held on May 19, 2011. Your protocol has been approved. This approval will expire on **June 15, 2012**. Please refer to the above referenced protocol number in any future modifications or correspondence pertaining to the above named study.

Please be reminded that all of the requirements of the original approval letter remain in effect. Thank you for your continued responsiveness to the IRB requirements and we wish you continued success in your efforts.

If you have any questions, please call the IRB Administrator, Ms. Gay Hutchen. She can be reached at (410) 767-8448.

Sincerely,

Patricia M. Alt, PhD
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

410-767-8448 ☐ Fax 410-333-7888
Toll Free 1-877-4MD-DHMH ☐ TYY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us/oig/irb

Appendix B



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building

55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Brian M. Hepburn, M.D., Executive Director

February 2012

Dear Consumer:

The Maryland Mental Hygiene Administration (MHA) wants to know about your experiences with the public mental health services you have received. We have been asked to obtain information from a group of people regarding (1) their current health and (2) how they feel about their mental health services. MHA has asked ValueOptions[®] Maryland along with Fact Finders to do this telephone survey. We will use the information to make services better.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you in taking part in this survey.
- Your current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish.
- You may stop the survey at any time.

Please see the back of this letter for frequently asked questions, including instructions on how to schedule an interview.

If you have any questions about the survey itself, please call Jarrell Pipkin, Director of Quality Management, ValueOptions[®] Maryland, at 410-691-4012. If you have any questions about your rights as a research participant, please call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 410-767-8448. If you have other questions regarding the mental health services you receive, please call ValueOptions[®] Maryland at 1-800-888-1965.

Thank you for your help.

Sincerely,

Brian Hepburn, MD

Executive Director

Mental Hygiene Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

FREQUENTLY ASKED QUESTIONS

Question 1: What can I do if I want to take part in this survey?

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message before 8:30 a.m. or after 9:00 p.m., Monday through Friday, a representative from Fact Finders, on behalf of ValueOptions[®] Maryland, will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

Question 2: What if I do *not* want to participate in the survey?

- Please call Fact Finders at 1-800-895-3228 to request that your name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.
- If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20-30 minutes.

Question 4: When will the survey begin?

- We will begin the survey in the next few weeks.

Appendix C



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

February 2012

Dear Parent/Guardian:

The Maryland Mental Hygiene Administration (MHA) wants to know about your experiences with the public mental health services your child has received. We have been asked to obtain information from a group of people regarding (1) their child's current health and (2) how they feel about their child's mental health services. MHA has asked ValueOptions[®] Maryland along with Fact Finders to do this telephone survey. We will use the information to make services better.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you in taking part in this survey.
- Your child's current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish.
- You may stop the survey at any time.

Please see the back of this letter for frequently asked questions, including instructions on how to schedule an interview.

If you have any questions about the survey itself, please call Jarrell Pipkin, Director of Quality Management, ValueOptions[®] Maryland, at 410-691-4012. If you have any questions about your rights as a research participant, please call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 410-767-8448. If you have other questions regarding the mental health services your child receives, please call ValueOptions[®] Maryland at 1-800-888-1965.

Thank you for your help.

Sincerely,

Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmm.state.md.us

FREQUENTLY ASKED QUESTIONS

Question 1: What can I do if I want to take part in this survey?

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message before 8:30 a.m. or after 9:00 p.m., Monday through Friday, a representative from Fact Finders, on behalf of ValueOptions[®] Maryland, will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

Question 2: What if I do *not* want to participate in the survey?

- Please call Fact Finders at 1-800-895-3228 to request that your child's name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.
- If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20-30 minutes.

Question 4: When will the survey begin?

- We will begin the survey in the next few weeks.

Appendix D

INTRODUCTION

Hello. My name is *(Read name)* and we're doing a brief consumer satisfaction survey for your health plan. May I please speak to {consumer's name}?

(Confirmation when respondent comes to the phone. . .)

Am I speaking to {consumer's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for ValueOptions[®] Maryland along with the Maryland Mental Hygiene Administration or MHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your experiences with the Maryland Public Mental Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Mental Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

"How did you get my name?"

The Maryland Mental Hygiene Administration (MHA) asked ValueOptions[®] to do this survey. The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. Maryland MHA are conducting the survey in order to evaluate how well the Maryland's Public Mental Health System is operating.

"Do I have to participate in this survey? / Is the survey required?"

Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time. Your answers will be kept private. Your name will be kept separate from your responses. There is no risk to you in taking part in this survey. Your current mental health services will not change in any way as a result of your participation.

"How do I know this is real? / Who can I talk to?"

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her telephone number and address at any point during the survey.

[Gay Hutchen, 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448]

If you have any questions about your mental health services, please call ValueOptions[®]. I can give you the telephone number at any point during the survey.

[ValueOptions[®] Maryland (410) 691-4000]

(Note: Moved demographics to end of survey, but kept original 2010 question numbering for ease of comparison to prior years).

First, thinking about the kinds of mental health services that you may have received.

12. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist or therapist?

- A. Yes [Ask Q#14]
- B. No [Skip to Q#15]
- C. Don't know [Skip to Q#15]
- D. Refused [Skip to Q#15]

14. How long have you received these mental health services?

- A. Less than 1 year
- B. 1 year or more

15. In the past 12 months, have you received psychiatric rehabilitation services such as day program or PRP services?

- A. Yes [Ask Q#17]
- B. No [If Q#12 is "Yes," skip to Q#18. If Q#12 is "No/Don't Know/Refused," then terminate – disposition = no services]
- C. Don't know [If Q#12 is "Yes," skip to Q#18. If Q#12 is "No/Don't Know/Refused," then terminate – disposition = no services]
- D. Refused [If Q#12 is "Yes," skip to Q#18. If Q#12 is "No/Don't Know/Refused," then terminate – disposition = no services]

17. How long have you received psychiatric rehabilitation services?

- A. Less than 1 year
- B. 1 year or more

18. In the past 12 months, have you received residential rehabilitation or RRP services?

- A. Yes
- B. No
- C. Don't know
- D. Refused

19. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?

- A. Yes
- B. No
- C. Don't know
- D. Refused

20. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem or a problem with your nerves?

- A. Yes
- B. No
- C. Don't know
- D. Refused

21. **In the past 12 months, have you participated in a mental health self-help group? (If respondent asks, clarify), such as On Our Own, depression support group, family support group.**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Now, I would like to ask you about the kinds of services that you have received for a substance abuse problem, such as an alcohol or drug use problem.

22. **In the past 12 months, did you attempt to get or were you referred for substance abuse services?**

- A. Yes
- B. No [Skip to Q#25]
- C. Don't know [Skip to Q#25]
- D. Refused [Skip to Q#25]

23. **Were you able to receive substance abuse services?**

- A. Yes
- B. No [Skip to Q#25]
- C. Don't know [Skip to Q#25]
- D. Refused [Skip to Q#25]

24. **Were you satisfied with your substance abuse services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

25. **In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Thinking about your physical health care,

26. **Do you have a primary health care provider?**

- A. Yes

- B. No [Skip to Q#28]
- C. Don't know [Skip to Q#28]
- D. Refused [Skip to Q#28]

27. **To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health or mental health?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

28. **In the past 12 months, did you see a medical professional for a health check-up or because you were sick?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

29. **In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

[Answer Q#30-Q#32, if respondent responded A on Q#14, or A on Q#17 if Q#14 is missing; i.e. services < 1 year.]

Thinking about your legal history,

30. **Were you arrested since you began to receive mental health services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

31. **Were you arrested during the 12 months prior to that?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

32. **Since you began to receive mental health services, have your encounters with the police,**

- A. **Been reduced, for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program**
- B. **Stayed the same**

- C. **Increased**
- D. **Not applicable, you had no police encounters this year or last year**

[Answer Q#33-Q#35, if respondent responded B on either Q#14 or Q#17; i.e. services > 1 year.]

Thinking about your legal history,

33. **Were you arrested during the past 12 months?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
34. **Were you arrested during the 12 months prior to that?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
35. **Over the last year, have your encounters with the police ...**
- A. **Been reduced, for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program**
 - B. **Stayed the same**
 - C. **Increased**
 - D. **Not applicable, you had no police encounters this year or last year**

(Ask Q#36 – Q#58 if Q#12 = yes, received outpatient services)

Now, I am going to read a series of statements.

If the statement does not apply to your circumstances, please tell me.

Please refer only to the outpatient mental health services you received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					DON'T KNOW	REFUS ED	DOES NOT APPLY
	STRON GLY AGREE	AGRE E	NEUTR AL	DISAG REE	STRONG LY DISAGR EE			
36. I like the services that I received.								
37. If I had other choices, I would still get services from this provider.								
38. I would recommend this provider to a friend or a family member.								
39. The location of services was convenient.								
40. Staff were willing to see me as often as I felt it was necessary.								

	READ CHOICES					DON'T KNOW	REFUS ED	DOES NOT APPLY
	STRON GLY AGREE	AGRE E	NEUTR AL	DISAG REE	STRONG LY DISAGR EE			
41. Staff returned my calls in 24 hours.								
42. Services were available at times that were good for me.								
43. I was able to get all the services I thought I needed.								
44. I was able to see a psychiatrist when I wanted to.								
45. Staff here believe that I can grow, change, and recover.								
46. I felt comfortable asking questions about my treatment and medication.								
47. I felt free to complain.								
48. I was given information about my rights.								
49. Staff encouraged me to take responsibility for how I live my life.								
50. Staff told me what side effects to watch out for.								
51. Staff respected my wishes about who is and is not to be given information about my treatment.								
52. I, not staff, decided my treatment goals.								
53. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
54. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								
55. Staff were sensitive to my cultural or ethnic background.								
56. Staff respected my family's religious or spiritual beliefs.								
57. Staff treated me with respect.								
58. Staff spoke with me in a way that I understood.								

(Ask Q#59 – Q#79 if Q#15 = yes (received psychiatric rehabilitation services))

(If asked Q#36 – Q#58, i.e., if received outpatient services:) **Now I am going to read another series of statements.**

(If did not ask Q#36 – Q#58, i.e., no outpatient services:) **Now I am going to read a series of statements.**

If the statement does not apply to your circumstances, please tell me.

Please refer only to the psychiatric rehabilitation services (PRP) you received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>READ CHOICES</i>					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
59. I like the services I received.								
60. If I had other choices, I would still get services from this provider.								
61. I would recommend this provider to a friend or a family member.								
62. The location of services was convenient.								
63. Staff were willing to see me as often as I felt it was necessary.								
64. Staff returned my calls in 24 hours.								
65. Services were available at times that were good for me.								
66. I was able to get all the services I thought I needed.								
67. Staff here believe that I can grow, change, and recover.								
68. I felt comfortable asking questions about my rehabilitation.								
69. I felt free to complain.								
70. I was given information about my rights.								
71. Staff encouraged me to take responsibility for how I live my life.								
72. Staff respected my wishes about who is and is not to be given information about my rehabilitation.								

	READ CHOICES					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
73. I, not staff, decided my rehabilitation goals.								
74. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
75. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								
76. Staff were sensitive to my cultural or ethnic background.								
77. Staff respected my family's religious or spiritual beliefs.								
78. Staff treated me with respect.								
79. Staff spoke with me in a way that I understood.								

The next section asks how you may have benefited from the mental health services that you received.

If the statement does not apply to your circumstances, please tell me.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

As a direct result of all the mental health services I received:

	<i>READ CHOICES</i>					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
80. I deal more effectively with daily problems.								
81. I am better able to control my life.								
82. I am better able to deal with crisis.								
83. I am getting along better with my family.								
84. I do better in social situations.								
85. I do better in school and/or work.								
86. My housing situation has improved.								
87. My symptoms are not bothering me as much.								
88. I do things that are more meaningful to me.								
89. I am better able to take care of my needs.								
90. I am better able to handle things when they go wrong.								
91. I am better able to do things that I want to do.								

Next, thinking about your relationships with persons other than your mental health provider(s).

As a direct result of the mental health services you received:

	<i>READ CHOICES</i>							
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	<i>DON'T KNOW</i>	<i>REFUSE</i>	<i>DOES NOT APPLY</i>
92. I am happy with the friendships I have.								
93. I have people with whom I can do enjoyable things.								
94. I feel I belong in my community.								
95. In a crisis, I would have the support I need from family or friends.								

Thinking about your overall satisfaction with all the mental health services you have received, do you agree or disagree with the following statement.

	<i>READ CHOICES</i>							
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	<i>DON'T KNOW</i>	<i>REFUSE</i>	<i>DOES NOT APPLY</i>
96. Overall, I am satisfied with the mental health services I received.								

(Note: Moved these questions from the beginning, but retained the original question numbers.)

Next, a few general questions about you.

1. **Are you male or female?**
 - A. Male
 - B. Female
 - C. Refused

2. **What is your date of birth?**
 - A. *Click to enter date of birth*
 - B. *Don't know*
 - C. *Refused*

3. *Date of birth of respondent*

5. **Are you of Spanish, Hispanic, or Latino origin?**
 - A. Yes
 - B. No
 - C. Don't know

- D. Refused
4. **What is your race?** (*Accept multiple responses*)
- A. **American Indian or Alaska native**
 - B. **Asian**
 - C. **Black or African-American**
 - D. **Native Hawaiian or other Pacific Islander**
 - E. **White or Caucasian**
 - F. **Some other race** (*specify other _____*)
 - G. Don't know
 - H. Refused
6. **What is your marital status?**
- A. **Now married**
 - B. **Living as married, including cohabitating or living together**
 - C. **Widowed**
 - D. **Divorced**
 - E. **Separated**
 - F. **Never married**
 - G. Don't know
 - H. Refused
7. **What is the highest grade of school you have ever completed?**
- A. **Completed grade 8 or less**
 - B. **Some high school**
 - C. **Completed high school or GED**
 - D. **Some vocational school or training**
 - E. **Some college, no degree**
 - F. **Completed Bachelor's degree**
 - G. **Completed graduate or professional degree, Master's degree or higher**
 - H. **Never attended**
 - I. Don't know
 - J. Refused
8. **What is your current living situation?**
- A. **In a house or apartment alone**
 - B. **In a house or apartment with family or friends**
 - C. **In an RRP or residential rehabilitation program**
 - D. **In a boarding home or a foster care home**
 - E. **In a hospital or nursing home**
 - F. **In jail or prison**
 - G. **On the streets or in a shelter**
 - H. Other
 - I. Refused
9. **With the statement, "I feel I had a choice in selecting where I live," would you...**

- A. **Strongly agree**
 - B. **Agree**
 - C. **I am neutral**
 - D. **Disagree**
 - E. **Strongly disagree**
 - F. N/A
 - G. Don't know
 - H. Refused
10. **With the statement, "I am satisfied with my overall housing situation," would you...**
- A. **Strongly agree**
 - B. **Agree**
 - C. **I am neutral**
 - D. **Disagree**
 - E. **Strongly disagree**
 - F. N/A
 - G. Don't know
 - H. Refused
11. **What is your current employment situation?**
- A. **Working full-time**
 - B. **Working part-time**
 - C. **Unemployed, but looking for work**
 - D. **Permanently disabled, not working**
 - E. **Sheltered employment**
 - F. **Retired**
 - G. **Homemaker**
 - H. **Student**
 - I. **Volunteer**
 - J. Other
 - K. Don't know
 - L. Refused

This concludes the survey. Thank you for your time and cooperation.

Appendix E

INTRODUCTION

Hello. My name is *(Read Name)* and we're doing a brief consumer satisfaction survey for your health plan. May I please speak to the parent or guardian of {child's name}?

(Confirmation when parent/guardian comes to the phone. . .)

Am I speaking to the parent or guardian of {child's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for ValueOptions[®] Maryland along with the Maryland Mental Hygiene Administration or MHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your and {child's name} experiences with the Maryland Public Mental Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Mental Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

"How did you get my name?"

The Maryland Mental Hygiene Administration (MHA) asked ValueOptions[®] to do this survey. The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. Maryland MHA is conducting the survey in order to evaluate how well the Maryland's Public Mental Health System is operating.

"Do I have to participate in this survey? / Is the survey required?"

Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time. Your answers will be kept private. Your name will be kept separate from your responses. There is no risk to you and/or your child in taking part in this survey. You and {child's name}'s current mental health services will not change in any way as a result of your participation.

"How do I know this is real? / Who can I talk to?"

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her telephone number and address at any point during the survey.

[Gay Hutchen, 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448.]

If you have any questions about your mental health services, please call ValueOptions[®]. I can give you the telephone number at any point during the survey.

[ValueOptions[®] Maryland (410) 691-4000].

(Note: moved demographics to end of survey, but kept original 2010 question numbering for ease of comparison to prior years).

First, thinking about the kinds of mental health services that {child's name} may have received,

19. In the past 12 months, has {child's name} been to an outpatient mental health program or provider, psychiatrist, or therapist?

- A. Yes [Ask Q#21]
- B. No [Skip to Q#22]
- C. Don't know [Skip to Q#22]
- D. Refused [Skip to Q#22]

21. How long has {child's name} received these mental health services?

- A. Less than 1 month
- B. 1 month through 5 months
- C. 6 months to 1 year
- D. 1 year or more

22. In the past 12 months, has {child's name} received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

- A. Yes [Ask Q#24]
- B. No [If Q#19 = Yes, Skip to Q25;
If Q#19 = B, C, or D, Terminate – Disposition = No Services]
- C. Don't know [If Q#19 = Yes, Skip to Q25;
If Q#19 = B, C, or D, Terminate – Disposition = No Services]
- D. Refused [If Q#19 = Yes, Skip to Q25;
If Q#19 = B, C, or D, Terminate – Disposition = No Services]

24. How long has {child's name} received psychiatric family support services?

- A. Less than 1 year
- B. 1 year or more

25. In the past 12 months, has {child's name} seen a pediatrician or any other medical professional for an emotional or behavioral problem?

- A. Yes
- B. No
- C. Don't know
- D. Refused

15. Is {child's name} currently going to school?

- A. Yes
- B. No [Skip to Q#17]
- C. Don't know [Skip to Q#18]
- D. Refused [Skip to Q#18]

16. **At school, what type of classroom is {child's name} currently enrolled in?**
- A. **Regular classroom** *[Skip to Q#18]*
 - B. **Special education, all day** *[Skip to Q#18]*
 - C. **Special education, part of day** *[Skip to Q#18]*
 - D. **Other** *[Skip to Q#18]*
 - E. **Don't know** *[Skip to Q#18]*
 - F. **Refused** *[Skip to Q#18]*
17. **Why is {child's name} not currently going to school?**
- A. **Too young for school** *[Skip to Q#27]*
 - B. **Dropped out**
 - C. **Expelled**
 - D. **Suspended**
 - E. **Sick or hospitalized**
 - F. **Other**
 - G. **Don't know**
 - H. **Refused**
18. **Has {child's name} ever repeated a grade?**
- A. **Yes**
 - B. **No**
 - C. **Don't know**
 - D. **Refused**
26. **In the past 12 months, has {child's name} seen a school counselor?**
- A. **Yes**
 - B. **No**
 - C. **Don't know**
 - D. **Refused**
 - E. *Too young for school (filled from Q#17)*
27. **In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of an emotional/behavioral problem?**
- A. **Yes**
 - B. **No**
 - C. **Don't know**
 - D. **Refused**
28. **In the past 12 months, has {child's name} participated in a mental health support or self-help group, such as peer counseling?**
- A. **Yes**
 - B. **No**
 - C. **Don't know**
 - D. **Refused**

29. **In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders?** *(If respondent asks, clarify, such as On Our Own, depression support group, family support group, parenting group)*

- A. Yes *[Skip to Q#31]*
- B. No
- C. Don't know
- D. Refused

30. **Would you like to participate in such a support group?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

31. **Is {child's name} on medication for emotional or behavioral problems?**

- A. Yes
- B. No *[Skip to Q#33]*
- C. Don't know *[Skip to Q#33]*
- D. Refused *[Skip to Q#33]*

32. **Did the doctor or nurse tell you and/or {child's name} what side effects to watch for?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

33. **Are any of {child's name}'s siblings receiving mental health services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

[Skip Q#34-Q#36 for children under age 13]

Now, I would like to ask you about the kinds of services that {child's name} has received for a substance abuse problem, such as an alcohol or drug use problem.

34. **In the past 12 months, did {child's name} attempt to get or was he/she referred for substance abuse services?**

- A. Yes
- B. No *[Skip to Q#37]*
- C. Don't know *[Skip to Q#37]*
- D. Refused *[Skip to Q#37]*

35. **Was {child's name} able to receive substance abuse services?**

- A. Yes
- B. No *[Skip to Q#37]*
- C. Don't know *[Skip to Q#37]*
- D. Refused *[Skip to Q#37]*

36. **Were you satisfied with {child's name}'s substance abuse services?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

37. **In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Thinking about {child's name} physical health care,

38. **Does {child's name} have a primary health care provider?**

- A. Yes
- B. No *[Skip to Q#40]*
- C. Don't know *[Skip to Q#40]*
- D. Refused *[Skip to Q#40]*

39. **To your knowledge, has {child's name}'s primary health care provider and {child's name}'s mental health provider spoken with each other about {child's name}'s health or mental health?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

40. **In the past 12 months, did {child's name} see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

41. **In the past 12 months, has {child's name} spent at least one night in a hospital because of a physical illness or health problem?**

- A. Yes
- B. No
- C. Don't know

D. Refused

42. **Does {child's name} have Medicaid insurance?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

[Answer Q#43-Q#48, if participant responded A, B, or C on Q#21, or A on Q#24 if Q#21 is missing; i.e. services < 1 year.]

[Skip Q#43-Q#45 for children under age 13]

Thinking about {child's name}'s legal history,

43. **Was {child's name} arrested since beginning to receive mental health services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

44. **Was {child's name} arrested during the 12 months prior to that?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

45. **Since {child's name} began to receive mental health services, have their encounters with the police...**

- A. **Been reduced, for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program**
- B. **Stayed the same**
- C. **Increased**
- D. **Not applicable, they had no police encounters this year or last year**

[If Q#17 = "too young for school", skip to Q#55, i.e., don't ask school or police questions]

46. **Was {child's name} expelled or suspended since beginning services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused
- E. *Too young for school (filled from Q#17)*

47. **Was {child's name} expelled or suspended during the 12 months prior to that?**

- A. Yes
- B. No
- C. Don't know
- D. Refused
- E. *Too young for school (filled from Q#17)*

48. **Since starting to receive services, is the number of days {child's name} was in school**
- A. **Greater**
 - B. **About the same**
 - C. **Less**
 - D. **Does not apply**
- Please select why this does not apply**
- 1. **{child's name} did not have a problem with attendance before starting services.**
 - 2. **{child's name} is too young to be in school. (also filled from Q#17)**
 - 3. **{child's name} was expelled from school.**
 - 4. **{child's name} is home schooled.**
 - 5. **{child's name} dropped out of school.**
 - 6. **Some other reason (Specify other _____)**

[Ask Q#49-Q#54, if participant responded D on Q#21, or B on Q#24, if Q#21 is missing; i.e. services > 1 year.]

[Skip Q#49-Q#51 for children under age 13]

Thinking about {child's name}'s legal history,

49. **Was {child's name} arrested during the past 12 months?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
50. **Was {child's name} arrested during the 12 months prior to that?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
51. **Since {child's name} began to receive mental health services, have their encounters with the police,**
- A. **Been reduced, for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program**
 - B. **Stayed the same**
 - C. **Increased**
 - D. **Not applicable, they had no police encounters this year or last year**
52. **Was {child's name} expelled or suspended during the past 12 months?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
 - E. *Too young for school (filled from Q#17)*

53. **Was {child's name} expelled or suspended during the 12 months prior to that?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
 - E. *Too young for school (filled from Q#17)*
54. **Over the past year, is the number of days {child's name} was in school**
- A. **Greater**
 - B. **About the same**
 - C. **Less**
 - D. **Does not apply**
Please select why this does not apply
 - 1. **{child's name} did not have a problem with attendance before starting services.**
 - 2. **{child's name} is too young to be in school. *(also filled from Q#17)***
 - 3. **{child's name} was expelled from school.**
 - 4. **{child's name} is home schooled.**
 - 5. **{child's name}dropped out of school.**
 - 6. **Some other reason *(Specify other _____)***

(Ask Q#55 – Q#70 if Q#19 = Yes, received outpatient services)

Now, I am going to read a series of statements.

If the statement does not apply to your circumstances, please tell me.

Please refer only to the outpatient mental health services {child’s name} received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
55. Overall, I am satisfied with the services my child received.								
56. I helped choose my child’s services.								
57. I helped choose my child’s treatment goals.								
58. The people helping my child stuck with us no matter what.								
59. I felt my child had someone to talk to when he/she was troubled.								
60. I participated in my child’s treatment.								
61. The services my child and/or family received were right for us.								
62. The location of services was convenient for us.								
63. Services were available at times that were convenient for us.								
64. My family got the help we wanted for my child.								
65. My family got as much help as we needed for my child.								
66. Staff treated me with respect.								
67. Staff respected my family’s religious or spiritual beliefs.								
68. Staff spoke with me in a way that I understood.								
69. Staff were sensitive to my cultural or ethnic background								
70. I felt free to complain.								

(Ask Q#71 – Q#86 if Q#22 = Yes (received family support services))

(If asked Q#71-Q#86, i.e., received outpatient services:) **Now I am going to read another series of statements.**

(If did not ask Q#71-Q#86, i.e., no outpatient services:) **Now I am going to read a series of statements.**

If the statement does not apply to your circumstances, please tell me.

Please refer only to the family support services {child’s name} and your family received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
71. Overall, I am satisfied with the services my child received.								
72. I helped choose my child’s services.								
73. I helped choose my child’s service goals.								
74. The people helping my child stuck with us no matter what.								
75. I felt my child had someone to talk to when he/she was troubled.								
76. I participated in my child’s services.								
77. The services my child received were right for us.								
78. The location of services was convenient for us.								
79. Services were available at times that were convenient for us.								
80. My family got the help we wanted for my child.								
81. My family got as much help as we needed for my child.								
82. Staff treated me with respect.								
83. Staff respected my family’s religious or spiritual beliefs.								
84. Staff spoke with me in a way that I understood.								
85. Staff were sensitive to my cultural or ethnic background								
86. I felt free to complain.								

The next section asks how you and {child's name} may have benefited from the mental health services that {child's name} received.

If the statement does not apply to your circumstances, please tell me.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

As a direct result of all the mental health services my child and family received:

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
87. My child is better at handling daily life.								
88. My child gets along better with family members.								
89. My child gets along better with friends and other people.								
90. My child is doing better in school and/or work.								
91. My child is better able to cope when things go wrong.								
92. I am satisfied with our family life right now.								
93. My child is better able to do things he or she wants to do.								
94. My child is better able to control his or her behavior.								
95. My child is less bothered by his or her symptoms.								
96. My child has improved social skills.								

Next, thinking about your relationships with persons other than your mental health provider(s).

As a direct result of the mental health services my child and family received:

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
97. I know people who will listen and understand me when I need to talk.								
98. I have people that I am comfortable talking with about my child's problems.								
99. In a crisis, I would have the support I need from family or friends.								
100. I have people with whom I can do enjoyable things.								

Thinking about your overall satisfaction with all the mental health services {child's name} has received, do you agree or disagree with the following statement.

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
101. Overall, I am satisfied with the mental health services my child received.								

(Note: Moved these questions from the beginning, but retained the original question numbers.)

Next, a few general questions about you.

1. **Are you male or female?** (Caregiver)
 - A. Male
 - B. Female
 - C. Refused

2. **What is your date of birth?** (Caregiver)
 - A. Click to enter date of birth
 - B. Don't know
 - C. Refused

3. *Date of Birth of Caregiver*

5. **Are you of Spanish, Hispanic, or Latino origin?** (Caregiver)
 - A. Yes

- B. No
- C. Don't know
- D. Refused

4. **What is your race?** (Caregiver) (*accept multiple responses*)
- A. **American Indian or Alaska Native**
 - B. **Asian**
 - C. **Black or African-American**
 - D. **Native Hawaiian or other Pacific Islander**
 - E. **White or Caucasian**
 - F. **Some other race** (*Specify other _____*)
 - G. Don't know
 - H. Refused

Now, I would like to ask a few questions about {child's name}.

6. **What is your relationship to {child's name}?**
- A. **Biological or adoptive parent**
 - B. **Step-parent**
 - C. **Grandparent**
 - D. **Foster parent**
 - E. **Sibling**
 - F. **Other biological relative acting as guardian** (*includes aunt, uncle*)
 - G. **Family friend acting as guardian**
 - H. **Legal guardian** (*where none of the above apply*)
 - I. **Some other relationship** (*Specify other _____*)
 - J. N/A
 - K. Don't know
 - L. Refused
7. **Is {child's name} male or female?**
- A. Male
 - B. Female
 - C. Refused
8. **What is the date of birth of {child's name}?**
- A. *Click to enter birth date*
 - B. *Don't know*
 - C. *Refused*
9. *Date of Birth of Child*
11. **Is {child's name} of Spanish, Hispanic, or Latino origin?**
- A. Yes
 - B. No
 - C. Don't know

- D. Refused
10. **What is {child's name}'s race?** *(accept multiple responses)*
- A. **American Indian or Alaska Native**
 - B. **Asian**
 - C. **Black or African-American**
 - D. **Native Hawaiian or other Pacific Islander**
 - E. **White or Caucasian**
 - F. **Some other race** *(Specify other _____)*
 - G. Don't know
 - H. Refused
12. **Is {child's name} currently living with you?**
- A. Yes *[Skip to Q#14]*
 - B. No
 - C. Don't know
 - D. Refused
13. **Is {child's name} currently in an out-of-home residential placement, such as a group home, foster care, or residential treatment center?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
14. **Has {child's name} lived in any of the following places in the last 12 months?**
(accept multiple responses)
- A. **With one or both parents**
 - B. **With another family member**
 - C. **Foster home**
 - D. **Therapeutic foster home**
 - E. **Crisis shelter**
 - F. **Homeless shelter**
 - G. **Group home**
 - H. **Residential treatment center**
 - I. **Hospital**
 - J. **Local jail or detention facility**
 - K. **State correctional facility**
 - L. **Runaway/homeless/on the streets**
 - M. **Some other place** *(Specify other _____)*

This concludes the survey. Thank you for your time and cooperation.

Appendix F

The following terminology and definitions are in relation to this document only.

CATI (Computer Assisted Telephone Interviewing)

Computer software that manages sample maintenance and survey scripts and allows entry of survey responses directly to computer.

Mean

Commonly called “the average,” the mean is calculated by dividing the sum of a set of numerical values by the number of values in the set.

“N”

The number of participants who responded to a question.

Open Ended Question

Designed to elicit spontaneous and unguided responses.

Standard Deviation

A measure of the variability (dispersion or spread) of a set of numerical values about their mean (average). A lower standard deviation indicates less variability.

Stratified

Population separated into different subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the study.



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